

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099393

1. Entity Name

THE MILLENNIAL GROUP, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90029 038 ***150.00

Principal Place of Business

Mailing Address

627 S.E. 5TH PLACE
HIALEAH FL 33010

627 S.E. 5TH PLACE
HIALEAH FL 33010-5433

2. Principal Place of Business

7353 NW 8th Street

3. Mailing Address

7353 NW 8th Street

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

NOT APPLICABLE

☒ Applied For

☐ Not Applicable

Zip
33126

Country

Zip
33126

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, MIGUEL A
627 S.E. 5TH PLACE
HIALEAH FL 33010

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, MIGUEL A	
STREET ADDRESS	627 S.E. 5TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, WILLIAM	
STREET ADDRESS	627 S.E. 5TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perez, Miguel A.	
STREET ADDRESS	7353 NW 8th Street, Suite C	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	DO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perez, William	
STREET ADDRESS	7353 NW 8th Street Suite C	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	DO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalez, Elizabeth	
STREET ADDRESS	7353 NW 8th Street, Suite C	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

(305) 264-5548

Daytime Phone #